

522332

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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8						
9	1		1			
10	1		1			
11	1		1			
12	1		1			
13	1		1			
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TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	20	◀	13	◀		◀
TOTAL CLAIMS	22	████████	17	████████		████████

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		◀		◀		◀
TOTAL CLAIMS		████████		████████		████████